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PMTCT Acceleration Project

PMTCT Acceleration Project

Contract Nº: AID-GHH-I-00-07-00043-0

Annual Program Results, FY 2014

October 1, 2013– September 30, 2014

October 28, 2014

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ABBREVIATIONS AND ACRONYMS

3TC	Lamivudine
ABUBEF	Association Burundaise pour le Bien-Etre Familial
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal clinics
ANSS	Association Nationale de Soutien aux Séropositifs et malades du SIDA
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
AZT	Zidovudine
BCC	Behavior Change Communication
CD4	Cluster of Differentiation 4
CHW	Community Health Workers
CO	Country Office
CPAJ	Collectif pour la Promotion des Associations des Jeunes
CSOs	Civil Society Organizations
DBS	Dried Blood Spot
EFV	Efavirenz
EID	Early Infant Diagnosis
FHI 360	Family Health International
FP	Family Planning
GBV	Gender-Based Violence
HBC	Home-Based Care
HC	Health Center
HIV	Human Immunodeficiency Virus
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
IDF	The Institutional Development Framework
IEC	Information Education Communication
IUD	Intra-Uterine Device
L&D	Labor and Delivery
M&E	Monitoring and Evaluation
MARPs	Most at Risk Populations
NGI	Next Generation Indicators
NVP	Nevirapine
PBF	Performance-Based Financing
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PIT	Provider Initiated Testing
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-To-Child HIV Transmission
PwP	Prevention with the Positives
SCMS	Supply Chain Management Services
STIs	Sexually Transmitted Infections
SWAA	Society for Women against AIDS in Africa
TB	Tuberculosis
TDF	Tenofovir
USAID	United States Agency for International Development
WAD	World AIDS Day
WHO	World Health Organization

I. PERFORMANCE SUMMARY NARRATIVE

I.1 Programmatic Narrative Perspective

Funded by US Government through PEPFAR/USAID, PMTCT Acceleration Project is being implemented by FHI 360 Burundi under the Contract number: AID-GHH-I-00-07-00043-0 effective from May 10, 2013 to May 9, 2016. The project aims to rapidly and effectively scale-up PMTCT services in 4 provinces, namely Bujumbura City, Bujumbura Rural, Gitega and Ngozi, targeting pregnant women, their infants and their families. This Annual Program Results (APR) report gives the accomplishments of the project for FY 2014.

As specific objectives, the program interventions are focused to: (1) Prevent HIV in women of childbearing age, (2) prevent unwanted pregnancies among HIV+ women, (3) Prevent Mother-to-child HIV Transmission, (4) Provide care and support for HIV+ women, their infants and their families.
The program activities are implemented through subcontractors and sub grantees. During FY 2014, 22 implementing Partners were operational including 16 Government entities (13 Health Districts of the 4 provinces, 2 Hospitals (1 in Gitega & 1 in Ngozi) and the Faculty of Medicine of the University of Burundi); and 6 civil society organizations such as ABUBEF, SWAA Burundi, ANSS, RBP+, Croix Rouge Ngozi and Service Yezu Mwiza.

I.1.1 Prevention services

Prevention of Mother-To-Child HIV Transmission (PMTCT)

PMTCT project supported 190 service outlets (health facilities supported by PMTCT Acceleration Project) providing PMTCT services including antenatal clinics (ANC), HTC, STIs diagnosis and management, safe obstetrical practices, counseling for safe infant feeding and exposed infant follow-up until 18 months of. Among 108,313 pregnant women who attended the 1st Antenatal Care visit (ANC1), 89,567 (82.7%) were tested for HIV and 88,944 (82.1% of ANC attendees and 99.3% of women tested in ANC1) received their test results. In addition, 36,593 pregnant women were tested for HIV for the first time during other ANC visits (second, third, fourth, L & D) and 35,293 received their test results. Pregnant women who were tested HIV+ at the ANC or during L&D were 1,070. Among those tested for HIV (126,160), the seropositivity rate was 0.85%.
In addition to the 1,070 newly identified HIV+ during FY 2014, 516 pregnant women attended ANC1 knowing their HIV+ status, therefore the total number of HIV+ pregnant women is 1,586 (516 prior known HIV +,+ 1,070 newly tested HIV +).

Sexual partners of pregnant women, who escorted their wives in ANC visit, were also counseled and tested for HIV. Within the reporting period, a number of 2,822 male partners were tested for HIV. Nevertheless, male involvement in PMTCT is still low, considering the testing rate which represents 2.2% of the 126,160 pregnant women tested in ANC settings.

Out of 1,586 HIV+ pregnant women, 1,427 were enrolled on ARV. Among those enrolled on ARV, 963 were newly enrolled on ARV and 464 were on ARV prior to the current pregnancy.
For 963 women newly enrolled on ARVs, 133 individuals were initiated on long-life treatment whereas 830 received maternal triple ARV prophylaxis and 464 were already on ART prior to the current pregnancy. The rate of HIV+ pregnant women who received ARVs to reduce the risk of MTCT was 90% (1,427/1,586) against 95% targeted for FY 2014. Among 1,427 (963 newly +464 already on ART) pregnant women enrolled on ARVs, 1,345 (94.2%) were early enrolled before 34 weeks of pregnancy and 82 (5.8%) enrolled after 34 weeks. 595 most vulnerable pregnant women and exposed infants were provided with nutritional support.

ARV prophylaxis was also administered to infant born to HIV+ mothers. Out of 972 infants (male: 486, female: 486) born to HIV+ mothers, a number of 961 infants (male: 481, female: 480) received according to the National protocol ARVs as prophylaxis to reduce the risk of Mother to child transmission. This achievement represent a rate of 98.9% (961/972).

Regarding PCR test, the whole country has one machine with capacity of performing PCR test located at INSP (Institut National de Santé Publique). As the only existing machine, all sites in the country have to send their sample to National Laboratory of Reference. During FY 2014, that only existing PCR machine was repeatedly down working and early HIV diagnosis for exposed infants, from 6 weeks after birth to 6 weeks after the weaning period, using DBS-PCR technique was lowly performed.

Hence, during the reporting period, 398 infants (203 males and 195 females) were tested for PCR 1 within 12 months of birth (89 within the first 2 months of life, and 309 between 2-12 months of life); among them, 7 were identified HIV-positive (3 males and 4 females). The percentage of exposed-infants who benefited EID was 25.1% (398 infants tested for PCR1 in 12 months of life out of 1,586 HIV+ pregnant women). Furthermore, 495 exposed infants (male: 269, female: 226) were tested with rapid tests at 18 months and 19 (3.8%) among them (9 male, 10 females) were identified HIV+ and where possible directly enrolled on ART, or referred for appropriate care services (ART services).
Family planning integration was also enhanced among HIV+ women, and 2,856 HIV+ mothers were counselled for FP and 1,219 adopted a modern contraceptive method.

HIV Testing and Counseling (HTC)

During FY2014, 190 service outlets were providing HTC services. 276,658 individuals (63,201 males and 213,457 females) were tested for HIV and 273,415 (98.8%) (62,636 males and 210,779 females) received their test results. This number includes 148,730 individuals (62,410 males, 86,320 females) from the general population, 124,237 pregnant women along with 448 infants tested for PCR1 (226 males, 222 females). A number of 4,547 individuals (1,248 males and 3,299 females) were tested HIV+. The seropositivity rate was 1.64%. Patients tested HIV+ were referred to clinical services for WHO staging, TB screening, cotrimoxazole/ARVs-eligibility assessment and care.

Sexual and Other Risk Prevention

Services related to sexual and other risk prevention are targeting general population of childbearing age from 15 to 49 years old, female sex workers (FSW) and their partners. Five (5) partners have been implementing sexual and other risks prevention program: ABUBEF, RPB+ SWAA (Bujumbura, Gitega and Ngozi Provinces), Croix Rouge (Ngozi) and Service Yezu Mwiza (Bujumbura Rural) targeting childbearing age population, female sex workers (FSW) and their partners, Prevention services were provided in 43 communes (12 in Bujumbura City, 11 in Bujumbura Rural, 11 in Gitega Province, and 9 in Ngozi). Through small groups and one-on-one communication 157 Peer Educators (PE) of Female Sex Workers (FSW) were sensitizing in their respective catchment area.
At the beginning of FY 2014, the project targeted 1,500 FSW but various services have been provided to 1,988 FSW.
Therefore, FSW were sensitized on: systematic and correct use of condoms (1,988), HIV testing (1,902), early ANC (1,868), FP (953) and PMTCT (623) whereas 1,018 partners of FSW were sensitized on HIV testing. In addition, 1,614 FSW were referred for HIV testing, 327 for FP and 230 for STIs services. 655 pregnant FSW were referred for different services such as ANC (115), HIV testing (174), STIs (108) whereas 704 breastfeeding FSW were referred for HIV testing (300), STIs (61) and FP (295).
Partners of FSW were referred for different services such as HIV testing (3888), FP (1,255) and STIs (41). 45,155 condoms (40,702 males and 4,453 females) and IEC materials such as booklets (60), leaflets (367) and were distributed to FSW by their PE.

Another category targeted by community activities is made of childbearing population. Therefore, individuals of childbearing age were sensitized on: HIV/STIs prevention 36,861 (15,900 males and 20,961 females), the importance of early ANC (before 14 weeks of amenorrhea) 12,565 (5,026 males and 7,539 females), Family Planning 19,209 (7,440 males and 11,769 females), PMTCT 11,014 individuals (4,486 males and 6,528 females) and 4,537 males were sensitized to involve themselves in PMTCT services. In the same way, 2,477 couples were sensitized on HIV/STIs.

Community health workers referred to health facilities 2,083 women of childbearing age for HTC, 223 for PMTCT services, 1,312 for FP, 1,575 males for HTC and 195 for FP. 1,729 pregnant women were referred for ANC, 1,777 for HTC and 122 for FP advices. These services were reached thanks to 1,090 volunteers (306 males and 784 females) operating in the community.

Post-Exposure Prophylaxis (PEP)

The national protocol suggest that an emergency antiretroviral prophylaxis be initiated within 72 hours after exposure and be continued up to one month. Therefore, PEP was provided in 53 supported ART service delivery points and 641 individuals (319 males and 322 females) received PEP according to the national protocol related to the emergency antiretroviral prophylaxis. The breakdown of the 319 males is as follows: < 1year: 3, 1-14 years: 35, 15 years and over: 281. The disaggregation of the 322 females is as follows: < 1year: 2, 1-14 years: 45, 15 years and over: 275. Due to the change of data collection tool, disaggregation by type of exposure was provided for only 452 cases. Sexual exposure (rape and sexual assault) was the most encountered risk with 69.2% (313/452) reported cases. Professional and non-professional exposures represent respectively 10.6% (48/452) and 20.1% (91/452).

Prevention with the Positives (PwP)

PwP interventions are services targeting PLHIV with a minimum package of prevention intended to protect their health and reduce the spread of HIV to their sexual partners and children. Out of 190 supported health facilities, followed PLHIV were only in 123 sites (there is no HIV+ individuals in other sites). Among 17,457 PLHIV, a number of 5,607 individuals including 1,694 males (72 under 15 years, 1,622 from 15 years and over) and 3,913 females (89 under 15 years, 3824 from 15 years and over) were provided with PwP interventions. PWP was a new service to be integrated in service package and health providers were not accustomed to provide such service and were not previously trained on this subject. Besides that, collecting tools were not adapted to the documentation of these data until new standardized tools were validated by the Ministry of Public Health and fight against AIDS.

Voluntary Medical Male Circumcision

As part of HIV primary prevention general, voluntary medical male circumcision (VMMC) services were offered only in PMTCT supported hospitals. During this period, 6,688 men were circumcised.

World Aids Day (WAD) activities

PMTCT project joined the Burundi Ministry of Health and for Fight against HIV/Aids in the celebration of the World Aids Day 2013, on December 5th, 2013. The countrywide activity took also place in Bujumbura where it coincided with the official inauguration of a maternity at ABUBEF (a strategic partner of PMTCT Acceleration project). The ceremonies were honored by the presence of the Minister of Health and Fight against Aids who offered some presents to mothers having just delivered in ABUBEF the maternity. ABUBEF maternity services aim at completing reproductive health services package it offers.

I.1.2 Care services

During this period under review, PMTCT Acceleration Project implemented on this aspect clinical services since there haven't been support services.

Clinical services

Clinical services were provided in 123 health facilities to 17,457 PLHIV (5,659 males and 11,798 females). Among them 17,347 individuals (5,624 males and 11,723 females) were on cotrimoxazole and 110 (35 males and 75 females) other PLHIV were not yet at enrollment stage. New cases of enrollment to cotrimoxazole prophylaxis reached 2,548 individuals (883 males and 1,665 females).

Regarding integration of TB/HIV services, 8,303 PLHIV (2,689 males and 5,616 females) were screened for TB in clinical settings. In addition, 876 TB patients (552 males and 324 females) were tested for HIV and 183 individuals (99 males, and 84 females) were identified having TB/HIV co-infection.

Prevention of unwanted pregnancy among HIV positive women

Regarding family planning integration, 2,856 HIV+ women were counselled for FP, and 1,219 of them (44.3%) adopted modern contraceptive methods. This figure represents 13.4% of all HIV+ women of Childbearing age aged between 15years and 49 years that is 9,126. Methods adopted are distributed as follows: pills 143, injectable 376, Intra Uterine Device (IUD) 13, implants 105, condoms 417, tubal ligation 5, Standard Days Method (SDM) 160.

I.1.3 ART Treatment

As Technical Assistance (TA) service delivery, ART was supported within 53 service outlets which offered ART services to 12,392 individuals [3,919 males (31.6%), and 8,473 females (68.4%)]. 1,764 PLHIV were newly enrolled (575 males and 1,189 females)

Disaggregation according to age groups of individuals currently on ART is as follows:

(1) Male: 2 were under 1 year, 366 under 15 years while 3,551 were 15 years and over

(2) Female: 2 were under 1 year, 437 under 15 years while 8,034 were 15 years and over.

Disaggregation according to age groups of individuals newly enrolled on ART is as follows:

(1) Male: 11 were under 1 year, 37 under 15 years while 375 were 15 years and over

(2) Female: 2 were under 1 year, 52 under 15 years while 768 were 15 years and over.

17,457 individuals (5,659 males and 11,798 females) received a minimum of one clinical service. Among them, 17,347 PLHIV including 5,624 males (646 under 15 years, 4,978 from 15 years and over) and 11,723 females (765 under 15 years, 10,958 from 15 years and over) are on cotrimoxazole prophylaxis, and 110 PLHIV including 35 males (1 under 15 years, 34 from 15 years and over) and 75 females (15 years and over) benefited from clinical staging according to WHO scale.

I.1.4 Health Systems Strengthening

a) *Strengthen laboratories with capacity of performing biological analysis*

To improve the quality of service delivery in relation to care and follow-up of PLHIV, lab technicians of health facilities with capacity of performing biological analysis were trained.

In fact, CD4 count machines are available and operational in most hospitals of the supported PEPFAR catchment area. In addition, new CD4 count machines were provided to hospitals of Ijenda, Ngozi, Mutaho and ABUBEF Jabe clinic and annual contract of maintenance for all existing CD4 count machines was signed between BD Bioscience-BD Diagnostics Company and FHI360 and is still valid. During this reporting period, maintenance was done for Fascount machines located in the following health facilities: ABUBEF Jabe, ANSS Gitega branch and hospitals of Ijenda, Gitega, Mutaho, Ngozi and Kiremba.

In partnership with MSH through SCMS, laboratories with capacity of performing biological analysis were supplied in reagents and other commodities to perform HIV testing, biochemistry and hematology analysis as well as CD4 count. Those laboratories are located in the following health facilities: hospitals of Kibuye, Ntita, Kibimba, Mutaho, Gitega, Kabezi, Rushubi, Rwibaga, Ijenda, Buye, Kiremba, Mivo, Ngozi, Songa, Health Centers of Gatumba, St Georges, Kinama, Kamenge, Kinindo, St Michel and clinics of ABUBEF Jabe, Buyenzi, Service Yezu Mwiza, SWAA Burundi, ANSS Bujumbura and Gitega. Among them, the facilities which perform CD4 count are the following: Hospitals of Ijenda, Kiremba, Ngozi, Gitega, Mutaho, and ABUBEF Jabe and ANSS Gitega clinics.

Biological analysis are needed for the monitoring and care of PLHIV. During this period under review, biological analysis performed are the following: Immunology: CD4 count (6695), HVC antibodies (4541); Hematology performed: Hemogram (26,677), Hemoglobin (18,816); Biochemistry: SGOT (7,280), SGPT (7,602), glycemia (16,068), urea (7,678) creatinine (11,831), cholesterol (2,713), LDL (746), HDL (616), Triglycerides (2,497).

b) *Training of health providers*

To provide quality health care services, several training sessions were organized. Health providers were trained on: HIV testing and counseling (419), Integrated management RH/HIV/PMTCT (427), HIV diagnosis with rapid tests and to take DBS samples for PCR testing (202), HIV-TB co-infection management (193), STIs management according to syndromic approach (199), ART (116), DQA and M&E(45), biomedical waste management (243), mobile technology (23), financial management and USAID regulations (40), installation and removal of IUD (21), insertion and removal of implant (21), vasectomy (21) and 61 health providers were trained as trainers on Integrated management RH/HIV/PMTCT, 47 on STIs management whereas 10 were trained on mobile technology.

c) *Pre-service training*

During FY 2014, there was a process of identifying a potential partner to implement the pre-service training. This process took much time than expected because the first partner did not meet the criteria. Therefore, the process went on till when the Faculty of Medicine of Burundi was selected and approved as the potential partner. Now the Faculty of Medicine of the University of Burundi started the process of implementing this program.
In the process of implementation, several major steps have already taken place:

- Identification of candidates for the training: laureates were selected from all faculties of Medicine of local universities (University of Burundi, Ngozi and Hope Africa University) as well as foreign universities (Universities of Morocco, Russia, China, and Rwanda). A total of 120 candidates were selected for this training.
- Development of the training module: a technical team of the Faculty of Medicine was involved in developing the training module and other assessment tools.
- The training was subdivided in 2 phases: (1) theoretical training for 160 hours i.e one month and (2) practical training for 5 months.

  During this reporting period, no achievement for this indicator since the completion of Pre-service training is scheduled to 6 months. Therefore, the focus was on the description of the implementation of Pre-service training and the starting date of this activity was in September 2014.

d) ***Performance Based Financing.***

PMTCT Acceleration Project supported Health District offices and health facility's activities through performance-based financing. In total, 190 health facilities are supported via Health Districts. Services supported are related to two indicators hereafter:

- Number of HIV+ pregnant women provided with ARV prophylaxis
- Number of newborns from HIV+ mothers provided with monitoring, and ARV prophylaxis.

I.1.5 Pilot program implementation

a) PMTCT community program implementation

- ***Male involvement in PMTCT program***

Male involvement is an asset to the success of PMTCT. To reach this, a group of 26 community-based leaders and 25 providers were trained on male involvement in PMTCT activities. The community-based leaders have to support in peer education through « PMTCT Male Champions » and health providers have to take care and manage cases of male referred from community by PE. The training session on "Male Involvement in PMTCT Services" was organized by PMTCT Project jointly with RESPOND Project funded by USAID. In a-five (5) day training, different topics were developed, such as :(1) Basics on Gender, (2) Gender and Violence, (3) Sexuality and Norms related to Gender, (4) Norms related to Gender and HIV/AID receptivity (Sensitiveness), and (5) Family planning.
A Baseline assessment of PMTCT male involvement has been conducted and findings will nearly be disseminated through a report that is going to be published. Both Community health workers and health facilities are at work sensitizing communities on PMTCT Male Involvement. Pilot Health Facilities have developed some strategies like integrating "PMTCT Male Involvement" in their daily "Health Education" sessions, and encouraging and giving priority to couples that attend ANC services.

- ***Training of Community health workers***

Community Health Workers were trained on RH/HIV/PMTCT: 1,090 community volunteers, 16 "hommes champions", 76 "mamans mentors" and 116 TBAs, 100 community health workers and 157 PE of FSW were trained on RH/HIV/PMTCT/GBV/STIs.

b) Mobile Technology Implementation

A pilot program of Mobile Technology Implementation has been launched in Kabezi health District using smart phone mobile technology for reporting PMTCT activities. This new technology is being implemented in Kabezi health district, Bujumbura Rural Province. An entry form was designed based on registers currently used in health centers. Data are saved into the smartphone and then sent to a central server via the mobile phone network LEO. It is from the server where data can be visited and used by authorized persons. To do this, training sessions for trainers and health providers including the technical staff of the Ministry of Public health and fight against AIDS, have been organized and Smartphones distributed to 17 health facilities. This technology will allow PMTCT staff to check the accuracy of data from a given HC by comparing to the monthly reports usually done on paper with monthly data retrieved from the CommCare application. It may even replace, in the future, the use of registers. Till now, the system is working properly.

I.1.6 Capacity strengthening of Civil Society organizations (CSO)

In addition to executing of subgrants with CSOs, PMTCT Acceleration Projet had a requirement of strengthening the capacities of partners organizations. In close collaboration with each organization leadership, the project conducted a base line assessment on capacity building. At each CSO, meetings were held with Legal Representatives, Executive Coordinators and the Directors of Administration and Finance in each CSO as part of the projects' efforts to examine their experience with capacity development efforts comprehensively over time. The team sought to understand what capacity development achievements have been made to date, what urgent needs remain, and what modes of service delivery have improved performance most significantly. PMTCT Acceleration project used this input to shape and give direction to their CSO capacity development work and support to local organizations. Those CSOs visited include ABUBEF (Association Burundaise pour le Bien Etre Familial), ANSS (Association Nationale de Soutien aux Séropositifs et aux Sidéens), (CPAJ) Collectif pour la Promotion des Associations des Jeunes, RBP+ (Réseau Burundais des Personnes vivant avec le VIH), ABS (Alliance Burundaise de Lutte Contre le SIDA), SWAA Burundi (Society For Women Against AIDS in Africa) and Service Yezu Mwiza.

Furthermore, PMTCT Acceleration project developed the Technical Capacity Assessment tools and Institutional Development Framework tools and thereafter conducted baseline assessments of technical and institutional capacities of six Civil Society Organizations (CSOs). The CSOs assessed are Association Burundaise pour le Bien Etre Familial (ABUBEF), Association Nationale de Soutien aux Séropositifs et aux Sidéens (ANSS), Réseau Burundais des Personnes vivant avec le VIH (RBP+), Society for Women Against AIDS in Africa (SWAA Burundi), Service Yezu Mwiza and Croix Rouge Ngozi). These are exactly the subgrantees that are partnering with FHI 360 under PMTCT Acceleration Project.

The Institutional Development Framework (IDF) tool used allowed the self-assessment of the CSOs and thereby enabled them to score their capacities after having reached consensus. The IDF tool has been proven efficient and effective in many countries and can be applied to any organization, regardless of its size, area of intervention or its duration. For the sake of enabling the facilitators to more fully lead the CSOs throughout the assessment process, the project staff conducted first a two-day interview meeting at each CSO with members of their National Board, Director and heads of departments, management and administrative staff. This allowed the facilitators to collect relevant information, build their understanding of critical priorities, and hear from a broad range of actors. A three-day self-assessment workshop was then held with each CSO. These capacity assessments focused on organizational domains (vision and mission, human resources, management resources, financial resources and external resources) as well as technical domains (HIV care and treatment, prevention of mother to child transmission of HIV, most at-risk populations, family planning, and advocacy and community mobilization).

After the assessment phase, each CSO therefore developed an action plan including improvement objectives that are outlined for areas of critical weakness as well as the activities needed to bring about change, necessary resources, responsible persons and the timeline. All the CSOs submitted their improvement plans to PMTCT project and the thorough review on each CSO action plan is ongoing to finalize the improvement plan based upon the technical feedback and available project resources.

I.2 Monitoring and Evaluation Perspective Narrative

a) Conduct a baseline assessment of PMTCT project

As requested by the PMTCT Acceleration Project SOW, from 15-25 October, 2013, a Baseline Assessment has been carried out in health facilities located in the four provinces targeted by the project, namely provinces of Bujumbura City, Bujumbura Rural, Ngozi and Gitega.

The main objective of this rapid assessment was to provide relevant data to inform cost- effective planning, implementation and evaluation of "PMTCT Acceleration Project" but also provide a basis for assessing the project's impact at the end of its implementation.

Results of this evaluation suggested strengths and weaknesses to be taken into account during the planning and implementation of project activities. A report of findings has been produced and shared with others stakeholders.

b) Monitoring and Evaluation Process

This section is a presentation of data collection process leading to the data to be disseminated. In clinical settings, raw data are collected by health providers from the field using standard registers and client records. At the community level, data are collected by volunteers and community workers in notebooks and summarized on monthly report forms. Before submitting reports to M&E unit, project field staff assisting implementing partners has to check, clean and validate data.

At the PMTCT Acceleration Project level, M&E unit reviews, cleans, captures and analyzes data. After that, a feedback can be provided to field sites if applicable. The project has inserted a verification system in different templates in the database with formulas in order to track and correct any errors. The programmatic and management teams play a critical role in reviewing the monthly report sent by the site.

From May 19-23, 2014, a training session on Participatory Data Quality Assessment in M & E for sub-contract managers, Health information system officers, and intermediate level supervisors for Gitega and Ngozi provinces, was organized to help them ensure the data quality at all level of the health system.

Quarterly meetings for data validation were organized in the four Provinces covered by the project, as well as orientation sessions on the use of new tools developed and validated by the Ministry of Public Health and fight against AIDS, collection and capture of data, analysis, provision of feedback, and developments of reports. There have been also coordination meetings organized by PMTCT Acceleration project for all the four Provinces.

A participatory Data quality Assurance was conducted from August 25 to 28, 2014 for 16 health facilities within four Health Districts, namely Buye HD (Ngozi), Gitega, Kibuye and Mutaho HD (Gitega). In general, discrepancies were observed due to a non-exhaustive reporting, transcription errors, definition of some indicators not well understood and lack of consistency of data source. Based on those findings, recommendations have been formulated in order to correct reporting errors, comply with a reporting period running from the first to the last day of the month, submit systematically all report to HD office, analyze report before being submitted to the HD, and use of the standardized template form validated by the Ministry of Public Health.

1.3 Partnership with other organizations

During the FY2014, PMTCT Acceleration Project was involved while the national level was developing national documents for the following domains (areas): Mapping of HIV/AIDS Implementing Agencies in Burundi, Review and validation of data collecting and reporting tools, Review of the National Strategic

Plan for HIV (2012-2016) and Development of the National Strategic Plan for HIV (2014-2017), Development of National protocol related to HIV infection management in Burundi.

MSH through SCMS assured the chain procurement of health commodities and HIV supplies such as reagents, HIV test, CD4 consumables, etc.
There was also a partnership with URC in quality health service promotion in general and HIV/AIDS activities in particular.
Partnership with MEASURE EVALUATION was implemented though staff training in Monitoring &Evaluation of HIV/AIDS and related programs using Geographic Information System (GIS).

II. LEVEL 1 ESSENTIAL/NATIONAL REPORTED INDICATORS

1) SITE _SUPP – Number of PEPFAR – supported DSD and TA sites (disaggregated by program area/ site support type)

Within a health facility, more than one service may be offered. For example, HTC, PMTCT, Clinical services, ART, Laboratory, etc…
Some services are classified as DSD whereas others are classified as TA in one health facility. Through PMTCT Acceleration project, PEPFAR supported 190 service outlets, 6 civil society organizations operating at community level in 711 lowest geographic administrative unit "**collines**. There is also 1 DSD point of pre-service training at the Faculty of Medicine of University of Burundi.

As disaggregation, all 190 DSD offer HTC, PMTCT and Care services, among them 53 TA offer ART, and 26 DSD offers Laboratory tests, 711 lowest geographic administrative unit "**collines**" where community services (population of childbearing age, Female sex workers and their partners) are offered and 1 DSD point of pre-service training.

2) GPY_PREV- Number of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period

During this reporting period, Individuals of childbearing age were sensitized on: HIV/STIs 36,861 (15,900 males and 20,961 females), the importance of early ANC (before 14 weeks of amenorrhea) 12,565 (5,026 males and 7,539 females), Family Planning 19,209 (7,440 males and 11,769 females), PMTCT 11,014 (4,486 males and 6,528 females) and 4537 males were sensitized to involve themselves in PMTCT services. In the same way, 2,477 couples were sensitized on HIV/STIs and 4,520 men sensitized for their involvement in PMTCT.

Community health workers referred to health facilities 2,083 women of childbearing age for HTC, 223 for PMTCT services, 1,312 for FP, 1,575 males for HTC and 195 for FP. 1,729 pregnant women were referred for ANC, 1,777 for HTC and 122 for FP advices. These services were reached thanks to 1,090 volunteers (306 males and 784 females) operating in the community. IEC materials such as booklets (482), leaflets (674) and posters (54) were distributed by PE to individuals of childbearing age.

We considered as numerator individual of childbearing age sensitized on HIV/STIs (36,861) as many of them were sensitized on different topics listed above.
Disaggregation by age and sex: 18,355 individuals (7,579 males and 10,776 females) were between 15-24 years while 18,506 individuals (8,321 males and 10,185 females) were 25 years and over. This disaggregation does not match with the required disaggregation because the reporting tools used indicate only age range as indicated above (between 15-24 years and 25 years and over).

3) KP_PREV – Number of key population reached with individual and /or small group level HIV preventive interventions that are based on evidence and or meet the minimum standards required

Through small groups and one-on-one communication 157 Peer Educators (PE) of Female Sex Workers (FSW) were sensitizing in their respective catchment area. Therefore, FSW were sensitized on: systematic and correct use of condoms (1,988), HIV testing (1,902), early ANC (1,868), FP (953) and PMTCT (623) whereas 1,018 partners of FSW were sensitized on HIV testing. In addition, 1,614 FSW were referred for HIV testing, 327 for FP and 230 for STI services. 655 pregnant FSW were referred to different services such as ANC (115), HIV testing (174), STI (108) whereas 704 breastfeeding FSW were referred for HIV testing (300), STI (61) and FP (295).

Partners of FSW were referred to different services such as HIV testing (3,888), FP (1,255) and STI (41). A number of 45,155 condoms (40,702 males and 4,453 females) and IEC materials such as booklets (60), leaflet (367) were also distributed to FSW by their PE.
The considered numerator for this indicator is 1,988 FSW sensitized on systematic and correct use of condoms since Some FSW were sensitized on different other topics as listed above.
Disaggregated by key population type: there were 1,988 FSW.
The annual target set at 1500, is reached for this indicator.

4) PMTCT_STAT- Percentage of pregnant women with known HIV status (includes women who were tested for HIV and received their results):

We classify this indicator as a Direct Service Delivery (DSD) because the PEPFAR's support is related to provide reagents and commodities to all sites in order to provide HIV testing services to all population including pregnant women. Staff of PMTCT Acceleration project provide regular technical assistance and training sessions to the health providers in order to improve their capacity to provide quality services. This technical assistance was critical since the majority of health workers did not have any training on HIV testing.

Numerator (124,753): women tested and received result at the ANC 1 (88,944), pregnant women tested for the first time of HIV and received results in other ANC or L&D (35,293) and pregnant women attending ANC1 with known HIV+ status (516).

Denominator (144,906): is a total of pregnant women came in ANC 1(108,313) and pregnant women tested for HIV for the first time in other ANC and L&D (36,593).

Achievements of this period: percentage of pregnant women with known HIV status: 86.1%.

The target of FY14 was 87,499 and for this APR report, pregnant women knowing their HIV status is 144,906 which represent 165.6% of that target. This target was underestimated because the baseline assessment was not yet done.

In order to eliminate double counting among women who are tested HIV-positive in L&D, the standardized registers used in HTC services show whether women are tested for the first time during the current pregnancy and if not, there is space (cells) where providers mention their last result which can be confirmed or infirmed. Our form report separates also pregnant women tested HIV+ during ANC1 and those who are positive in other ANC or in L&D.
In order to ensure data quality, following activities have been implemented:

- Training of health providers on the use of data tools, data collection and reporting
- Routine data verification and improvement process
- Quarterly Data validation meetings

5) PMTCT_ARV- Percentage of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child transmission (MTCT) during pregnancy and delivery [PMTCT_ARV_DSD]:

This indicator is reported as ***Direct Service Delivery (DSD)*** because PEPFAR's support is related to provide to health facilities HTC commodities, provision of ARV for HIV + pregnant women and infants born to HIV+ women. Regular Technical assistance was also critical to ***reduce the risk of mother-to-child transmission during pregnancy and delivery***.

The ***numerator (1,427)*** is made of HIV+ pregnant women newly enrolled on ARV prophylaxis or treatment during the current pregnancy (963) added to 464 who were already on ART prior to the current pregnancy).

The ***denominator (1,586)*** includes both pregnant women known as HIV positive at ANC entry (516) and those newly identified as HIV+ through HIV testing among pregnant women in ANC, L&D points (1,070).

The percentage of HIV positive pregnant women who received ARVs to reduce the risk of mother-to-child-transmission was ***90% (1427/1,586)*** against 95% targeted for FY 2014.
The target of FY 2014 is 1,164 and for this reporting period, 1,427 HIV+ Pregnant women received ARVs, which represents 122.6%.

Disaggregation by regimen type:
Among 963 HIV+ pregnant women newly enrolled on ARVs, 133 were initiated to Life-long ART whereas 830 received maternal triple ARV prophylaxis, 464 were already on Life-long ART prior the beginning of the current pregnancy.

In addition among 1,427 (963 newly + 464 already on ART) pregnant women receiving ARVs, 1,345 (94.2%) were early enrolled before 34 weeks of pregnancy and 82 (5.8%) enrolled after 34 weeks.

Disaggregation of the types of ARVs administered to new cases remains also a challenge because Regimens are provided without distinguishing new from old cases. However, for all pregnant women on ARVs and depending on the age of the pregnancy, the common regimen was TDF/3TC/EFV combinations with 35.2%, AZT/3TC/NVP with 28.5%, AZT/3TC/EFV with 27.2%, and 9.2% received intermediate combinations.

To avoid double-counting, new pregnant women were taken into account. These women are disaggregated in women who receive ARV Treatment or not and those already on ART.

In order to ensure data quality, the following activities have been done:
- Training of service providers on data tools, data collection and data reporting
- Routine data verification process
- Quarterly Data validation meetings.

6) PMTCT_EID- Percentage of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth

This indicator is classified as a Direct Service Delivery (DSD) because PEPFAR's support is essentially related to provide reagents and commodities to all supported sites in order to provide HIV testing services to all population including exposed-infants. PMTCT Acceleration project team provided technical assistance to the health providers in order to improve their capacity to provide quality services. This technical assistance was critical since most of health workers weren't previously trained on DBS sampling for PCR.
Numerator (398): Number of infants to whom PCR1 test was done within 12 months of birth.
Denominator (1586): Number of HIV+ pregnant women identified during the reporting period (including known HIV+ women at entry into PMTCT).
Percentage of infants born to HIV+ women whose virological HIV testing was done within 12 months after birth is 25.1 % (398/1,586).

Hence, during the reporting period, 398 infants (203 males and 195 females) were tested for PCR 1 within 12 months of birth (89 within the first 2 months of life, and 309 between 2-12 months of life); among them, 7 were identified HIV-positive (3 males and 4 females). The percentage of exposed-infants who benefited EID was 25.1% (398 infants tested for PCR1 in 12 months of life out of 1,586 HIV+ pregnant women)
Disaggregation by time of test: Out of 398 infants (201 males and 195 females) tested for PCR 1 within 12 months of birth 89 were tested within the first 2 months of life, and 309 between 2-12 months of life); among them, 7 were identified HIV-positive (3 males and 4 females) with a positivity rate of 1.8% .

Compared to the annual target set at 95%, the achievement is too low and this is due to the fact that the only PCR machine available at INSP was repeatedly and often down working during FY 2014 and this constituted a major handicap to achieve the annual target.

In order to ensure data quality, following activities have been implemented:

- Training of service providers on data tools, data collection and data reporting
- Training on HIV diagnosis with rapid tests and to take DBS samples for PCR testing
- Routine data verification and improvement process
- Data validation meetings

7) HTC_TST- Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results

This indicator is a DSD because PEPFAR's support is essentially related to provide commodities to Health facilities in order to provide HIV testing services to all population including pregnant women. PMTCT staff gave technical assistance to health workers in order to build their capacity and provide quality services. This technical assistance was critical because most health workers were not previously trained on HTC.

The number of individuals who were tested for HIV and received their test results reached 273,415 (62,636 males and 210,779 females). This number includes 148,730 individuals (62,410 males and 86,320 females) from the general population, 124,237 pregnant women along with 448 infants tested for PCR 1.

Disaggregation according to sex and age groups shows that 11,023 were aged less than 15 years (5,643 males and 5,380 females), and 262,392 (56,993 males and 205,399 females) were 15 years and over. Females outnumber males because a noticeable proportion of women are tested during their pregnancy.

Disaggregated by test results, 4,547 individuals (1,248 males and 3,299 females) were tested HIV positive, 253 (5.6%), among them (124 males and 129 females) were under 15 years while 4,294 (1,124 males and 3,170 females) were 15 years and over.
Among individuals who received their test results, 266,353 individuals (60,369 males and 205,984 females) tested HIV negative including 10,605 who were less than 15 years (5,401 males and 5,204 females) and 255,748 were 15 years and over (54,968 males and 200,780 females). Lastly, 2,515 results were not determined (positive for the first test and negative for the second test) including 1,019 males (118 under 15 years, 901 with 15 years and over) and 1496 females (47 under 15 years, 1,449 with 15 years and over). The achievement is 260.4% of the annual target (273,415/104,998).
This target was under estimated because the baseline assessment was not yet done.

In order to ensure data quality, following activities have been implemented:

- Training of service providers on data tools, data collection and data reporting
- Routine data verification process
- Data validation meetings
- Data quality assessment

8) C2.1.D- Number of HIV-positive adults and children receiving a minimum of one clinical care service

This indicator is DSD because service outlets providing these services are supported by PEPFAR funds as laboratory commodities, CD4 count consumables, Reagents, cotrimoxazole for opportunistic infections. This indicator includes clinical care provided to beneficiaries as follows: WHO staging, cotrimoxazole/ART eligibility assessment, TB screening, opportunistic infections prophylaxis using cotrimoxazole.
Considering that some services are provided to the same population (PLHIV), only individuals provided with clinical staging and cotrimoxazole prophylaxis are considered for this indicator to minimize double-counting. Clinical services data are collected in health facilities using PLHIV files and registers for PLHIV follow-up. They are taken from both Pre-ART and ART registers.
An aggregated monthly report is then produced and submitted to the health district office with a copy to PMTCT Acceleration Project. At the Project office level, data from all service outlets are captured and aggregated in an Excel database.

The number of HIV+ adults and children receiving a minimum of one clinical service is 17, 457
This achievement has surpassed the annual target (6,841) that is 255.2%. This is due to target underestimation because the baseline assessment was not yet done.

Clinical services to PLHIV were provided in 123 health facilities to 17,457 individuals including 5,659 males (647 under 15 years, 5,012 of 15 years and over) and 11,798 females (765 under 15 years, 11,033 from 15 years and over) received a minimum of one clinical care service. This includes 17,347 PLHIV among them we count 5,624 males (646 under 15 years, 4,978 from 15 years and over) and 11,723 females (765 under 15 years, 10,958 from 15 years and over) on cotrimoxazole prophylaxis, and 110 PLHIV including 35 males (1 under 15 years, 34 from 15 years and over) and 75 females (all 75 from 15 years and over) who benefited from clinical staging according to WHO scale, are still under follow-up waiting for enrollment eligibility.
Throughout the period under review, there haven't been support interventions towards PLHIV. With regard to the indicator on adults and children receiving a minimum of one care service, only clinical care data are currently available.
New cases of enrollment on cotrimoxazole prophylaxis reached 2,548 individuals including 883 males (183 under 15 years, 700 from 15 years and over) and 1,665 females (168 under 15 years, 1,497 from 15 years and over).

As a cohort, following up of PLHIV under Cotrimoxazole consists in entering new cases enrolled as some clients are continuing, referred in or out; and there are losses to follow up and some die. This can be source of some errors.

In order to ensure data quality, these activities have been done:

- Training of service providers on data tools, data collection and data reporting
- Routine data verification process
- Data validation meetings.
- Data quality assessment

9) C2.4.D- Percentage of HIV positive patients who were screened for TB in HIV care or treatment settings:

This indicator is DSD because health outlets providing these services are supported by PEPFAR funds like laboratory commodities, CD4 count consumables, Reagents, cotrimoxazole for opportunistic infections, tools used to run services for beneficiaries are provided by partners funded by PEPFAR. PMTCT staff provide regular technical assistance to health workers in order to build their capacity to provide quality

services. This technical assistance was critical because most health workers were not previously trained on TB-HIV integration.
Considering that Tuberculosis is the most frequent disease among opportunistic infections, it is necessary to systematically screen for TB signs whenever PLHIV come in a health facility, initiate TB supplementary exams if necessary and in the same way test for HIV all TB patients to track at the same time any case of TB/HIV co-infection.

Numerator: Number of HIV-positive patients who were screened for TB in HIV care or treatment settings: 8,303
Denominator: Number of HIV-positive adults and children receiving a minimum of one clinical service: 17,457
Percentage of HIV-positive patients who were screened for TB in HIV care or treatment sittings: 47.6% (8,303/17,457). Compared to the annual target of FY14 set at 70%, the achievement for this reporting period is low. This is due to the fact that TB screening was a new service to be integrated in service package and health providers were not accustomed to provide such service and were not previously trained. Besides that, collecting tools were not adapted to the documentation of these data until new standardized tools were validated by the Ministry of Public Health and fight against AIDS.

In order to ensure data quality, these activities have been done:
- Training of health providers on data tools, data collection and data reporting
- Training of health providers on TB-HIV integration
- Routine data verification process
- Data validation meetings.
- Data quality assessment

10) TX_CURR- Number of adults and children currently receiving antiretroviral therapy):

This indicator is technical assistance (TA) service because though regular Technical Assistance was provided to health facilities, ARVs are not provided by PEPFAR support, but rather by Global Found. TA has been provided through trainings, monitoring, and supervisions of sites providing ART treatment. ART was supported within 53 service delivery points located in the 4 Provinces as follows: (16) Bujumbura city, (15) Bujumbura Rural, (16) Gitega and (6) Ngozi.
During the reporting period, these facilities offered ARV services to 12,392 individuals including 3,919 males (31.7%), and 8,473 females (68.3%).

Disaggregation according to age groups of individuals currently on ART is as follows:
(1) Males: 2 were under 1 year, 366 under 15 years, while 3,551 were 15 years and above.
(2) Females: 2 were under 1 year, 437 under 15 years, while 8,034 were 15 years and above
Information on the ARV regimen was provided for 5,811 PLHIV on ART. Thus, according to the provided data, 96.7% (5618/5811) were on the first line regimen, 3.3% (192/5811) on the second line regimen and 0.0% (1/5811) on intermediate combination.

As for cotrimoxazole prophylaxis, the cohort follow-up for PLHIV under ART is complex in a paper-based system because some clients are continuing, others are newly enrolled, referred in or out; and there are losses to follow up and some die. This complexity can be source of some errors.

In order to ensure data quality, following activities have been done:
- Training of service providers on data tools, data collection and data reporting
- Routine data verification process
- Training of health providers on ART
- Data validation meetings.

11) TX_NEW- Number of adults and children newly enrolled on antiretroviral therapy (ART):

As mentioned above, this indicator is TA because though regular Technical Assistance was provided to health facilities, ARVs are not provided by PEPFAR support, but rather by Global Found. TA has been provided through trainings, monitoring, and supervisions of sites providing ART treatment.
A number of 1,764 individuals were newly enrolled on ARVs including 575 males (32.6%) and 1,189 females (67.4%).
Disaggregation according to age groups of individuals newly enrolled on ART is as follows:
(1) Male: 14 were under 1 year, 58 under 15 years, while 503 were 15 years and above.
(2) Female: 2 were under 1 year, 73 under 15 years, while 1,114were 15 years and above

In order to ensure data quality, following activities have been done:

- Training of service providers on data tools, data collection and data reporting
- Training of health providers on ART
- Routine data verification process
- Data validation meetings.

12) LAB_CAP- Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests (PEPFAR NGI #H1.1.D):

This indicator is DSD because health outlets dealing with are supported by PEPFAR funds with the provision of laboratory commodities, CD4 count consumables, Reagents. A clinical laboratory is counted if the laboratory has the capacity (Physical laboratory infrastructure, dedicated laboratory personnel, and equipment) to perform one or more clinical laboratory tests such as hematology, biochemistry, serology, microbiology, HIV/AIDS care and treatment monitoring with CD4 count, etc…

With PEPFAR funding and through the logistical support of SCMS, health facilities have been getting test kits, lab reagents, as well as other lab consumables in order to perform clinical laboratory tests.
Denominator: 26 Supported Laboratories with capacity of performing biological (clinical) analysis are located in hospitals of Kibuye, Ntita, Kibimba, Mutaho, Gitega, Kabezi, Rushubi, Rwibaga, Ijenda, Buye, Kiremba, Mivo, Ngozi, Songa; health centers of Gatumba, St Georges, Kinama, Kamenge, St Michel, Kinindo and clinics of ABUBEF Jabe and Buyenzi , Service Yezu Mwiza, SWAA Burundi, ANSS Bujumbura and Gitega,. Among them, the facilities which perform CD4 count are the following: Hospitals of Ijenda, Kiremba, Ngozi, Gitega, Mutaho, ABUBEF Jabe and ANSS Gitega clinic.

13*) HRH_PRE- Number of new HCW who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre:*

This indicator is classified as a DSD because the PEPFAR will support the pre-service training activities through PMTCT acceleration project. Training material, training fees (for trainers, trainees) are supported by PEPFAR funds. During this reporting period, there was a process of identifying an implementing partners to conduct this activity. The Faculty of Medicine of the University of Burundi is implementing the pre-service training. No achievement for this indicator since the completion of Pre-service training is scheduled to 6 months. Therefore, the focus was on the description of the implementation of Pre-service training and the starting date of this activity was in September 2014.

III. APPENDIX

III.1. Performance indicators by objective

The APR indicator template discusses Level 1 Essential/Reported indicators for FY 2014 but PMTCT Acceleration Project reports on 18 targets. The table below presents the summary of achievements against FY 2014 annual targets by the end of September 2014.

Performance Indicator	Targets FY 2014	Achievement October 2013 –September 2014	Performance	Comments/ explanation
Objective 1:Prevent HIV in women of childbearing age				
# of pregnant women with known HIV status (includes women who were tested for HIV and received their results): [P1.1.D]	87,499	124,753	142.6%	Target was under estimated because it has been set before the baseline assessment.
# of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site [P1.3.D]	186	183	98.4%	
# Number of individuals who received HIV Testing and Counseling (HTC) and received their test results [P11.1.D]	104,998	273,415	260.4%	Target was under estimated because it has been set before the baseline assessment
# of persons provided with post-exposure prophylaxis (PEP) [P6.1.D]	400	641	160.3%	Target was under estimated because it has been set before the baseline assessment
#of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards [P8.3.D]	1,500	1, 936	129%	Target was under estimated because it has been set before the baseline assessment
Objective 2: Prevent unwanted pregnancies among HIV-positive women				
% of women of childbearing age tested HIV-positive using a modern FP method	20%	1,219/9,126	13.4%	Compared to the findings of the baseline assessment showing that only 5.5% of HIV positive women were under

Performance Indicator	Targets FY 2014	Achievement October 2013 –September 2014	Performance	Comments/ explanation
				modern FP methods, it seems that the target was set high.
% of HIV related service points offering FP counseling and/or modern FP methods.	*75%*	190/103	184.5 %	As each health districts is an implementing partner, all supported health facilities within the health district integrated FP.
Objective 3: Prevent mother-to-child transmission of HIV				
# of health facilities offering comprehensive PMTCT services	186	183	98.4%	
# and % of HIV-positive pregnant women who received antiretroviral to reduce risk of mother to child transmission (P1.2.D)	95%	90% (1,427/1,586)	94.7%	The number was under estimated because it has been set before the baseline assessment. About enrollment, some were tested in ANC settings before 14 weeks of pregnancy when others, followed in no PEPFAR supported facilities came in supported ones just only for ANC.
	1,164	1,427	122.5%	
Objective 4: Provide care and support for HIV-positive women, infants, and families				
% of infants born to HIV-positive women who received an HIV test within 12 months of birth (C4.1.D)	95%	398/1,586	25%	The challenge is that the only one existing machine for PCR test for the whole country was often down working during the reporting period. There have been also stock outs of DBS Kits and reagents. Due to these factors, reaching targets for these indicators remains a challenge.
# of infants born to HIV-positive women who received an HIV test within 12 months of birth	1,164	398	33.8%	The same comment in above is also applicable to this indicator.
# of HIV-positive adults and children receiving a minimum of one clinical care service (C 2.1.D)	6,841	17,457	255.2%	As it was the first project year and without a baseline data, target for this indicator was under estimated.

Performance Indicator	Targets FY 2014	Achievement October 2013 –September 2014	Performance	Comments/ explanation
# of HIV positive persons receiving cotrimoxazole prophylaxis (C 2.2.D)	6,841	17,347	253.6%	The comment in above is applicable to this indicator.
% of HIV positive patients who were screened for TB in HIV care or treatment settings (C 2.4.D, sub-set of C2.1.D)	70%	8,303 /17,457	47.6%	The number was under estimated because it has been set before the baseline assessment and Before starting implementing the PMTCT Acceleration project, health providers were not obliged to systematically provide screening of TB among people living with HIV. This activities was new for health providers and tools not adapted to collect this data. Effort are to be done
	1,029	8,303	806%	
% of PLHIV reached with a minimum package of prevention with PLHIV (PwP) interventions (P 7.1.D)	70%	5,607/17,457	32.1%	The same comment in above is applicable to this indicator.
	1,029	5,607	544%	
	1,396	595	42.7%	
# of testing facilities (laboratories) with capacity for performing clinical laboratory tests (H1.1.D)	14	26	185%	The target was under estimated
# of new health workers who graduated from a pre-service training institution (H.2.1.D)	116	0	%	During this reporting period, no achievement for this indicator since the completion of Pre-service training is scheduled to 6 months.
# of healthcare workers who successfully completed an in-service training program within the reporting period (H2.3.D)	1,674	2,174	129%	Needs for training were great to cover all aspects of the program.
# of community health and Para social worker who successfully completed a pre service training program (H2.2.D)	1,244	1,555	125%	Needs for training were great to cover all aspects of the program.

III.2 Success stories

a) HIV-Free Baby Thanks to PMTCT program

"I could not believe that an HIV-positive woman could deliver an HIV- free infant"

In Bujumbura City, PMTCT Acceleration Project supported Health Facilities to provide PMTCT services. Centre de Médecine Communautaire Buyenzi (CMC Buyenzi) is one of health facilities that pregnant women attend to get clinical services including PMTCT services. *Inès Habogorimana* ─ 28 years, mother of one child─ is one of beneficiaries of PMTCT services provided at CMC Buyenzi.

After three years of marriage, Inès got sick and went to hospital for malaria treatment but she did not get recovered. Afterwards, she was directed by a friend to SWAA Burundi for HIV testing that revealed her HIV status. As SWAA was not enrolling new PLHIV, they referred her to CMC Buyenzi for HIV care services.

As it happens to many couples, it was difficult for Inès to tell her husband about her serology status. "I was afraid to tell my husband that I tested HIV+. He knew it from a nurse whom I asked to disclose it to him. After knowing that, he did not mistreat me and I used to go to hospital for medical checkup, follow-up and ARVs collection escorted by him."

At CMC Buyenzi, pregnant women benefit from HIV related services before and after delivery. "When I came to know that I might have conceived, I went to CMC Buyenzi for medical checkup and they realized that I was pregnant. Nurses gave me pieces of advice on how to protect my baby and to use condom during sexual intercourse. When delivery time came up, my husband and friend escorted me to the hospital. For nurses to protect my baby, I let them know that I was HIV positive. After delivery, nurses gave to my baby nevirapine prophylaxis as protection of HIV infection."

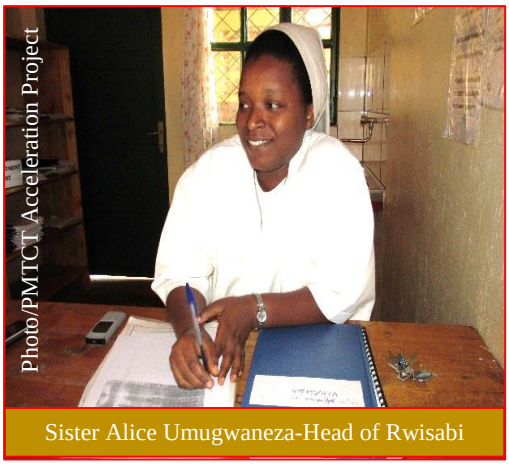
Inès received also post-delivery counseling regarding PMTCT protocol and she respected it. "After six weeks of delivery, I brought my son back for PCR1 test and revealed that he was safe. Even PCR2, PCR3 and the test (serology test) done after a year and half confirmed that he is free of HIV"

PMTCT Acceleration Project is a three-year USAID-funded project supporting HIV prevention activities in four provinces, namely Bujumbura, Bujumbura rural, Gitega and Ngozi since May 2013. Services provided include (1) prevention of HIV among women of childbearing age, (2) prevention of unwanted pregnancies among HIV-positive women, (3) prevention of mother-to-child HIV transmission and (4) provision of care and support for HIV-positive women, their infants and families.

Inès Habogorimana is committed to sharing her experience with other people, especially HIV+ women in order to enhance their awareness about PMTCT program. "I can advise women to attend health facilities that provide PMTCT services before /or after getting pregnant for the safety of the baby"

b) PMTCT services integration enhances health facilities competence

"Now we are able to enroll PLHIV on ARV treatment"



Sister Alice Umugwaneza-Head of Rwisabi

For the past 2 years Sister Alice Umugwaneza has been working as the head of Rwisabi Health Center (HC), she was constantly and helplessly worried about PLHIV's care in her catchment area for their enrollment on ARVs. She could never imagine that her HC would one day acquire the necessary skills and support to offer the appropriate and long-desired care to PLHIV. Until March 2014, only 22 clients, including 2 pregnant women (eligible to ARVs), were receiving cotrimoxazole (the only existing treatment at the HC).

Located in Mutaho Health District, Rwisabi HC is a faith-based health facility and one of the 60 health facilities supported by PMTCT Acceleration Project in Gitega province. The HC experienced many difficulties for care and support for PLHIV. Partnership between PMTCT Acceleration Project and Mutaho Health District started in November 2013. Since then, the project has strengthened the capacity and competence of Rwisabi HC staff by providing laboratory supplies, equipment, commodities, drugs and consumables.

PMTCT support to the HC also addressed skill-related issues, especially in the HIV area. Training sessions on various topics tackling particularly the integration of RH/HIV/PMTCT services were held, hence enabling the health care providers to offer services that never existed before the intervention. "Thanks to this multifaceted support, the dream we used to consider as impossible was translated into reality. Henceforth, we are able to enroll PLHIV on ARV treatment and pregnant women as well as infants born to HIV+ mothers on PMTCT Program and ensure the necessary monitoring"

Sister Alice is happy with the quality of services delivered to PLHIV and is excited the HC is contributing to the "HIV-free generation" goal. Since May 2014, the HC has enrolled 24 PLHIV on ARV, 12 HIV+ pregnant women and 7 infants on PMTCT program. Beneficiaries coming at the HC for care services (HIV services), appreciate the quality of services delivered. "Before coming to this HC, I was about to die following lack of treatment but after receiving care, I recovered", testifies one patient.
Rwisabi HC organizes open sensitization sessions three times a week for pregnant women ─ both at the HC and community level. The HC encourages pregnant women to attend ANC services escorted by their partners.

PMTCT Acceleration Project is a three-year USAID-funded project supporting HIV prevention activities in four provinces, namely Bujumbura, Bujumbura rural, Gitega and Ngozi since May 2013. Services provided include (1) prevention of HIV among women of childbearing age, (2) prevention of unwanted pregnancies among HIV-positive women, (3) prevention of mother-to-child HIV transmission and (4) provision of care and support to HIV-positive women, their infants and families.

For the future, Sister Alice wishes that all HIV+ pregnant women coming at the center for HIV care services be well cared for before and after delivery as well as their infants.